

SERIAL NUMBER <div style="text-align: center;">09/105,840</div>	FILING DATE <div style="text-align: center;">06/26/98</div>	CLASS <div style="text-align: center;">370</div>	GROUP ART UNIT <div style="text-align: center;">2731</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">TDS-001</div>
--	--	---	---	---

APPLICANT

DAVID BILL, FOSTER CITY, CA.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

MP

****371 (NAT'L STAGE) DATA*******
 VERIFIED

MP

****FOREIGN APPLICATIONS*******
 VERIFIED

MP

FOREIGN FILING LICENSE GRANTED 07/17/98
***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
---	--	---	------------------------	---------------------	-------------------	-------------------------

Verified and Acknowledged MP
Examiner's Initials Initials

ADDRESS

~~STEVEN A. SKERNORSEK~~
~~POST OFFICE BOX 390013~~
~~MOUNTAIN VIEW CA 94039-0013~~

#26171

TITLE

DISTRIBUTING PERSONALIZED CONTENT

FILING FEE RECEIVED <div style="text-align: center;">\$603</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="margin-top: 10px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
---	---	--